

Work Order ID 89669

Wednesday, September 05, 2012 12:48:29 P

89669

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Item ID: D350-727-043

Accept

N900040100

Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Wearplate, Longer Aft, LH/RH

Start Date: 8/29/2012 Start Qty: 2.00 ***2***

Cust Item ID:

Required Date: 8/30/2012 Req'd Qty: 2.00 ***2***

Customer: CU-DAR001

Reference: RMA RA111398 - RETURN

Approvals: Process Plan: MF Date: 12-09-05

Tooling: _____ Date: _____

Run Start ***NR1***

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
IIN D350-727	Rev A								

100

0.00

100

QC

Memo

0.00

Quality Control

INSPECT RA 111398 D350-727-043 X 2 B#87843

KIT IS COMPLETE

ADD PAPERWORK AND NEW LABELS

DAS
16
17/08/22

(12)

110

Identify as per dwg & Stock Location: _____ 0.00

110

Packaging

Memo

0.00

Packaging

Rev C

2x

SP
12-9-7

120

QC21- Final Inspection - Work Order Release 0.00

120

QC

Memo

0.00

Quality Control

CHG002

12/9/11

MF
12-09-07

Picklist Print

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Work Order ID: 89669

Parent Item: D350-727-043

Start Date: 8/29/2012

Required Date: 8/30/2012

Parent Item Name: Wearplate, Longer Aft, LH/RH

Start Qty: 2.00

Required Qty: 2.00

Comments: IPP Rev:A05.05.12New issueKJ/JLM
VERF:EC

IPP REV:B 12.04.11 AS PER ECN 12-546 DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D350-727-043 Wearplate, Longer Aft, LH/RH		Manufactured	No				Each	0.0000		2			

2 X 87843 MF 12-09-05

RA 111398 D350-727-043

B87843

Received @ Dart July 29th, 2012
Inspected @ Dart August 22nd, 2012

Customer: HELIQWEST INTERNATIONAL
Customer Contact: JEREMY BRYCK
Shipped from: BROOMFIELD CO USA

Instructions for RA 111398 D350-727-043 B87843 *CHG002*

- Kit is complete
- Needs new paper work and labels
- Needs new BATCH # to be put back into stock

Time Estimate = 1 HOUR ONLY

Departments Required: STORES

Pictures Attached = NO

**THIS INSTRUCTION SHEET MUST
BE ATTACHED TO THE
RESTOCKING WORK ORDER AT
ALL TIMES!!!!**

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other		